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ABSTRACT

By means of an extensive self-report questionnaire, this study was completed to determine the relationship between sources of counseling support and (1) present formal religious practice and specific drug usage, (2) present formal religious practice and particular influences militating against specific drug usage, (3) present formal religious practice, frequency of drug use. Statistically significant differences between frequent and infrequent drug users at the 0.01 level were found in the use of alcohol and marijuana, in reasons for abstaining from marijuana, amphetamines, barbiturates, and hallucinogens, in the sharing or not sharing of the student world with concerned adults. (Author)

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The Relationship Between Self-Reported Religiosity and Drug Usage by College Students

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The Relationship of Drug Usage, Religiosity, and Counseling Requests in a Small, Private College

Ever since the drug explosion boomed on to the American scene in the early sixties, there has been an ever-rising chorus of adult voices about "drugs and rumours of drugs" among youth. In response innumerable studies have sought to ascertain the amount, frequency, kind, causes and effects of this noisy intruder. Indeed, looking at dissertations and theses alone, before 1965 seventeen had been written on youthful drug patterns, since 1965, one hundred and eighty nine (Pearlman, 1975).

Two major parental concerns in this area touch religion and professional assistance. Put simply, "will our drug-taking children give up their religion, and is there counseling available on campus?"

Many studies address the question of religion and drug taking among college students. A review of the literature from 1968-1973 indicates in eighteen investigations that students who report themselves as "having no religion," being Jewish, or signifying "other religion" had a higher rate of drug usage than Catholic or Protestant self-reporters. Eleven studies during this same period report an inverse relationship between drug usage and formal religious participation (Bowker, 1975).

Since 1973 many studies confirm and expand upon the earlier work. Frequent drug users tend to shy away from formal religious practices (Strimbu & Schoenfeldt, 1973; Strimbu & Sims, 1974; Martino & Truss,

1973; Biggs, Orcutt & Bakkenist, 1974; Wardell & Mehra, 1974; Fischler, 1975-76). They moreover move toward disaffiliation with the major religious denominations (Steffenhagen, McGree & Nixon, 1972; Martino & Truss, 1973; Cunningham, Cunningham & English, 1974; Thorpe, 1975). Indeed, students claiming to be atheists, agnostics or Jewish are reported to be heavier drug users than their Catholic or Protestant peers (Hinchley, 1968; Milman & Anker, 1971; Chapman & Parker, 1972; Hochman & Brill, 1973; Wogan, 1974). Parental fears may be accentuated by a study linking frequent marijuana usage and cohabitation with a decrease in church attendance (Hinze & Hudson, 1974), but may be calmed by the report from frequent drug users that their religious feelings have deepened while taking drugs (Thorpe, 1975). Jewish parents may find added comfort in a study indicating that chronic drug users keep their Jewish identification, while Catholic and Protestant chronic users tend to disidentify with their religion (Hochman & Brill, 1972).

As college counselors we are concerned to know if our student drug users follow the reported pattern of decreased formal religious activity; we are equally concerned whether these students who are giving up the stable influence of formal religion will turn to other supportive sources, and what these sources may be.

We approached our study with the following questions: a) Is there any relationship between present formal religious practice, drug usage

and reasons for abstaining from particular drugs? b) Who will frequent drug users turn to for counseling and support when necessary?

On the basis of previous studies we expected to reject the following null hypotheses: a) There is no significant relationship between present formal religious practice and drug usage; b) There is no significant relationship between present formal religious practice and reasons for abstaining from specific drugs.

Within the limits of this current study, no studies were discovered pointing to a significant relationship between drug use, religious activity, and counseling contacts. However, because of the severe reaction of adult society against student drug use and a sort of valid paranoia among youthful users, and because of an observed infrequency of students heavily into drugs using our counseling services, we further predicted the rejecting of these null hypotheses relative to counseling contact: c) There is no significant relationship between present formal religious practice, frequent drug use, and sources for referral in case of drug problems; d) There is no significant relationship between present formal religious practice, frequent drug use, and persons with whom students would discuss their attitudes toward drugs.

Method

Subjects

A sample of 1000 college students was randomly selected from a population of 3541 full-time day students at a private school in suburban New Jersey to receive drug questionnaires. The 379 students in the

random sample who completed and returned the anonymous surveys were the subjects in this study. Of these, 53% were females and 47% were males. With respect to age, 34% were between 18 and 19; 52% were between 20 and 21; and 22% were 22 or more. The present religious affiliation of subjects was reported as follows: 41% were Catholic; 20% were Protestant; 19% were Jewish and 20% said "other" or "no religion."

The response rate of 37.9% from the random sample was accepted because student participation in the study was completely voluntary: questionnaires were delivered and returned by campus mail so there was no direct contact with subjects; there was no financial compensation for completion of the survey; and there was no follow-up to determine reasons for non-participation.

Materials

The anonymous, self-report questionnaire which was used in this study was composed of 147 questions with associated multiple choice response alternatives. It explored selected demographic characteristics of subjects, the nature and incidence of drug use, the causes and effects of drug usage and attitudes toward drugs.

With respect to demographic characteristics, subjects were asked to describe themselves as persons (age, sex, etc.); to describe themselves as students (class, major, grade point average, etc.); to describe themselves as family members (parents' education, marital status, income, etc.); and to describe themselves as religious persons (upbringing, present affiliation and religiosity).

The nature and incidence of drug usage was assessed for each of 10 drug categories (alcohol, marijuana, amphetamines, etc.) as follows: ever used these drugs; current use of same; person(s) who suggested first use, and age at time first used.

The causes and effects of drug usage were assessed for each of the 10 groups of drugs as follows: perception of short-term effects of drugs and reasons for abstaining from these drugs; parents' attitudes toward drugs and parents' experience with drugs; friends' usage of drugs and attitudes toward drug use.

Attitudes toward drug usage included perceptions of student drug use in general (agreement with liberal or conservative statements about drug use); stated willingness to refer friends with drug problems to various agencies (doctor, other friends, etc.) and stated comfort in discussion of drugs with others (students, parents, doctor, etc.).

There was no investigation of reliability and validity of this study because the questionnaire was based on a comprehensive survey developed and administered by the Inter-University Drug Survey Council of Metropolitan New York in 1968-1969. All items on the Inter-University questionnaire were maintained without change as they were originally drawn from a pool of 800 items and were field tested at six metropolitan area schools (Pearlman, 1973). In some cases, multiple choice response alternatives on the Inter-University questionnaire were rewritten so that no item in this study had more than six response alternatives.

In addition, simultaneous ratings of related items on the Inter-University questionnaire were reformulated so that each question in this study was rated separately. Whenever a change was initiated, however, every effort was made to maintain the significant response alternatives provided by the Inter-University questionnaire.

Procedures

All students in the random sample received the following materials through campus mail during November, 1975: a cover letter from the Counseling Center Director which informed students of the study's purpose, assured anonymity and urged participation; a copy of the self-report questionnaire described above; an addressed return envelope for the completed questionnaire; and a postcard addressed to the Counseling Center which could be signed as an indication of having returned the questionnaire under separate cover. Students in the random sample who did not return a signed postcard by January, 1976, received a reminder letter in February, 1976.

All subjects who completed and returned questionnaires were assigned to a group based on their response to demographic item 12 on the drug questionnaire, "How religious are you now?": group one responded "very" religious, 7% of all subjects; group two responded "moderately" religious, 45% of all subjects; group three responded "somewhat" religious, 33% of all subjects and group four said "not at all" religious, 17% of the subjects.

Grouped responses on religiosity were then crosstabulated with non-demographic items so that multiple choice response alternatives for each group defined a cell in the contingency table. A chi-square test of association was computed for selected cases in which the minimum expected frequency for each cell in the contingency table was greater than or equal to five. The level of significance was set as $p = .01$ because the large number of analyses might lead to spurious results. In those cases in which a significant association obtained, the direction of the effect was determined by observation, specifically, cells in which observed frequencies were greater than or less than expected. Finally, the strength of the association was estimated by a Pearson product-moment correlation coefficient for the two variables comprising the contingency table: correlations greater than $r = .14$ were significantly different from zero for $N = 379$.

Results

The demographic variable self-reported religiosity was significantly related to the nature and incidence of drug use, causes and effects of drug use and attitudes toward drug use. Specific results are summarized in Table 1 and discriminate between current use of drugs, reasons for abstaining from drugs, and attitudes relative to referral and discussing drugs with significant others.

Insert Table 1

Table 1

Religiosity with Selected
Items from Self-Report Questionnaire

Item Number	Description	(chi) χ^2	df	r
	Current Use of Drugs: Frequent or Infrequent			
33	alcohol	13.68*	3	0.15*
36	marijuana	19.62*	3	0.28*
	Abstaining From Drugs: Not Interested			
81	amphetamines	10.40	3	
82	barbiturates	9.16	3	
83	marijuana	17.99*	3	0.22*
84	LSD, et al	9.44	3	
85	heroin, et al	8.41	3	
	Abstaining From Drugs: Parental Influence			
81	amphetamines	13.69*	3	0.16*
82	barbiturates	12.94*	3	0.14*
83	marijuana	11.95*	3	0.15*
84	LSD, et al	13.56*	3	0.15*
85	heroin, et al	10.13	3	
	Attitudes Toward Drugs: Referral - yes or no			
134	drug wise friends	12.86*	3	0.13
135	health service	5.10	3	
136	counseling center	9.83	3	
138	resident assistants	1.02	3	
140	particular faculty	7.83	3	
	Attitudes Toward Drugs: Comfortable Discussing Drugs			
142	any student	14.79	6	
143	faculty member	12.16	6	
144	dean or assistant dean	13.62	6	
145	your doctor	7.02	6	
146	your parents	17.31*	6	0.14*
147	college counselor	17.75*	6	0.04

* $p < .01$

Current Use of Drugs

In this section multiple choice response alternatives relative to current use of drugs were collapsed in order to achieve expected cell frequencies greater than five. Specifically subjects who reported using drugs at least once a week or more were called group two, "frequent users", and those who reported drug use as once a month or less were called group one, "infrequent users." When the response alternatives for the 10 drug groups were crosstabulated with religiosity, alcohol and marijuana were the only drug categories in which all expected cell frequencies were greater than five.

There was a significant relationship between religiosity and current use of alcohol and marijuana: With respect to alcohol, (chi) χ^2 (3) = 13.68, $p < .01$; in the case of marijuana, (chi) χ^2 (3) = 19.62, $p < .01$. In both cases, subjects who described themselves as more religious tended to be infrequent users and subjects who defined themselves as less religious tended to be more frequent users. The strength of the relationship as estimated by the correlation coefficients was different from zero for both: for alcohol, $r = 0.15$ and for marijuana, $r = 0.28$.

Abstaining from Drugs

In this section multiple choice response alternatives relative to reasons for abstaining from various drugs were either group two "yes" or group one "no" relative to the following multiple choice response alternatives: "not interested or curious"; "influence of parents

or friends." When the response alternatives for the 10 drug groups were crosstabulated with religiosity, only amphetamines, barbiturates, marijuana, LSD and other psychedelics, and heroin, cocaine, et. al., achieved satisfactory frequencies in all cells.

Not Interested

There was a significant relationships between religiosity and abstaining from marijuana because "not interested or curious," χ^2 (3) = 17.99, $p < .01$. Subjects who described themselves as more religious used this as a reason for abstaining while subjects who were less religious did not. The strength of the relationship as estimated by the correlation coefficient was $r = 0.22$.

On the other hand, there was no significant relationship between religiosity and abstaining from the following drugs because "not interested or curious": amphetamines, $\chi^2(3) = 10.40$, ns; barbiturates, χ^2 (3) = 9.16, ns; LSD and other psychedelics, χ^2 (3) = 9.44, ns; and heroin, opium, et. al., χ^2 (3) = 8.41, ns.

Parental Influence

There was a significant association between religiosity and abstaining from the following drugs because of the "influence of parents or friends": amphetamines, χ^2 (3) = 13.69, $p < .01$; barbiturates, χ^2 (3) = 12.94, $p < .01$; marijuana, χ^2 (3) = 11.95, $p < .01$; and LSD and other psychedelics, χ^2 (3) = 13.56, $p < .01$. In all cases, more religious subjects used this reason for

abstaining from drugs and less religious subjects did not.

In all cases, the strength of the relationship between religiosity and abstaining from drugs because of parental influence was significantly different from zero: r = 0.16 for amphetamines; r = 0.14 for barbiturates; r = 0.15 for marijuana, LSD and other psychedelics. There was no significant relationship between religiosity and abstaining from heroin et al because of parental influence (chi) χ^2 (3) = 10.13, ns.

Attitudes Toward Drugs

In this section multiple choice response alternatives relative to attitudes about referring friends with drug problems were either group two "yes" or group one "no." A significant relationship obtained between religiosity and referral of friends with drug problems to "drug-wise friends," (chi) χ^2 (3) = 12.86, $p < .01$, r = 0.13. More religious students would not use this referral source while less religious students would. On the other hand, there was no significant relationship between referral of friends with drug problems to the following resources: to health service, (chi) χ^2 (3) = 5.10, ns; to the counseling center, (chi) χ^2 (3) = 9.83, ns; to the resident assistants (student staff in dormitories) (chi) χ^2 (3) = 1.02, ns; and to particular faculty members, (chi) χ^2 (3) = 7.83, ns.

Finally, multiple choice response alternatives relative to attitudes about discussing drugs with others were either group one, "not at all comfortable"; group two "somewhat comfortable"; or group three "very comfortable."

There was a significant relationship between religiosity and comfort discussing drugs with parents and comfort discussing drugs with a college counselor. Specifically, with respect to parents, (chi) χ^2 (6) = 17.31, $p < .01$ and with respect to the college counselor, (Chi) χ^2(6) = 17.75, $p < .01$. The more religious subjects were comfortable discussing drugs with parents and college counselors while less religious subjects were not. The strength of the relationship, as expressed by the correlation coefficient, was significant with respect to discussing drugs with parents, r = 0.14, but it was not significant with respect to discussing drugs with a college counselor, r = 0.04. Finally, there was no significant relationship between religiosity and comfort discussing drugs with any student, (chi) χ^2 (6) = 14.79, ns; faculty members, (chi) χ^2 (6) = 12.16, ns; deans or assistant deans, (chi) χ^2 (6) = 13.62, ns; or a doctor, (chi) χ^2 (6) = 7.02, ns.

Discussion

Many studies, including our own, report the inverse relationship between formal religious practice and the frequent use of marijuana or drugs in general. Because of statistical requirements the current study is not able, as hoped, to report on the relationship between formal religious practice and specific drugs other than alcohol and marijuana. Such, in general, would be helpful. Clinical observation would predict that current religiosity alone would not be a significant variable among college students in distinguishing frequent

users of the potentially more harmful and/or more expensive drugs, i.e. volatile substances, hallucinogens and opiates.

As predicted in the instance of frequent use of alcohol and marijuana a significant relationship obtained with infrequent church attendance. Besides confirming earlier studies, this linkage reasonably points to an extended rejection of perceived adult values and institutions, irritatingly symbolized by the frequent use of drugs, both legal and illegal, over adult protest. The growing phenomenon of cohabitation on college campuses and its reported association with drug use and decreased formal religious worship places student drug use in a larger context of rejection of accepted adult social values in our society

This relationship between adult values and drug use is well demonstrated in the reasons frequent and infrequent users give for abstaining from drugs. Parental influence significantly keeps religious students from using marijuana, barbiturates, amphetamines, and the hallucinogens. Parental influence would not stop their non-religious peers. At the same time religious students are, significantly, not interested in smoking marijuana while non-religious students are.

One may speculate on this significant "interest" difference. As indicated earlier frequent users also attach religious experiences and deepened religious feeling to marijuana use. Their getting high by their own report may be seen as an alternative way to religious

experience. Paradoxically, these "non-religious" students may be turning to drugs for "religious experience" while their "religious" peers condemn such use as militating against such "religious experience."

A larger question presents itself here; namely, does frequent formal religious practice by students correlate directly or inversely with the depth and meaningfulness of one's personal religious values? The "straight" religious world would undoubtedly hold for directly, while the "stoned" alternative may be proclaiming just the opposite.

Faced with parental disapproval, legal sanctions, and a general lack of adult experience with the realities of the youth drug culture, non-religious, frequent drug-users would tend to steer drug-related problems to drug-wise friends. Moreover they would shy away from talking about their own drug world with those possibly most concerned (their parents) and most knowledgeable about drugs and health (college counselors). Inversely, their religious, non-using fellow students would tend to bring drug-related questions and problems to the attention of potentially helpful adults.

If the adult world is to have a positive influence upon the student who <u>will</u> take drugs in the face of general societal disapproval, these findings would point generally in two directions: generalized drug education for students, so that "drug-wise" friends may add the best of scientific knowledge to personal experience; and steps by adult society both to lessen a student's fear of bringing his drug questions and problems to adults, and to increase the understanding of responsible adults about the realities of the students' world of drugs.

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